

EXHIBIT B

Macarena Tejerina
3006 Prairie Place
Sugar Land, TX. 77479

REEEVES COUNTY DETENTION CENTER COMPLEX (R1 & R2)

98 West County Rd. 204 P. O. Box 1560 Pecos, TX. 79772

LETTER TO NOTIFY

Dear Mr. Lavugatn Ganto
Assistant Warden of Program

This is to notify that we are aware that Correctional staff is available to the inmate population twenty-four hours a day to ensure any issues that arise are handled in an appropriate and timely manner.

We have known that our family member Manuel Tijerina No. 10638278, who is serving time in this facility and who has suffered an assault in this facility on November 2013 (there is a medical record of that incident, video, and staff report) has been transferred to a unit where the aggressor is housing about two weeks ago. The purpose from that movement is unknown; the only thing we know is that Manuel Tijerina is in risk of his life. The facility has placed Mr. Manuel tijerina in this unit with his aggressor in erroneous proceedings knowingly and intelligent, after his aggressor was release from SMU (segregation).

This letter is to notify you if something happen to Manuel Tijerina as a result of this movement with his aggressor, the facility will be responsible for any incident may occurred.

The United States Constitution and State laws protect prisoners certain acts of violence and harassment, including attacks, rapes, and other forms of assault.

Protection from Assault Under the Eighth Amendment

This Section is about the right of convicted state and federal prisoners to be free from assault under the Eighth Amendment, which prohibits “cruel and unusual punishment.” Under the Eighth Amendment, prison officials cannot use excessive physical force against prisoner or deliberately allow to be seriously injured by someone else. Under the Eighth Amendment there

is prove that successfully show that an assault against Mr. Tijerina violated the Eighth Amendment. There show what the prison official is thinking or knew that assault against Mr. Tijerina will occurred (this is assault's subjective component, explained in Part B(2)(a)). We are showing that how a prison official's actions caused Mr. Tijerina to be in "substantial risk of serious harm" of being attacked by another prisoner (this is assault's objective component, explained in Part B(2)(b)).

To summarize, we show subjective component: that prison officials are acting with a sufficiently culpable (guilty enough) if anything happen to Mr. Tijerina, because they now that the aggressor is housing now with Mr. Tijerina.

STATE OF MIND

An objective component: Mr. Tijerina was injured on Nov. 2013 by another prisoner, somehow now placed in substantial risk of serious injury or to lose his life for being placed housing with his aggressor.

Subjective Component—Culpable State of Mind

The subjective component of assault means that we are proving what the prison official are thinking or know that he will be assaulted. There are two different standards (See the *Hudson* and *Farmer* standards) for the subjective component. The standard used depends on who assaulted you: a prison official or another prisoner. If an official hurt you, courts use the *Hudson* standard to look at whether the guard used force as part of his job to keep the prison safe and orderly, or instead whether the guard's force was intended to cruelly hurt you for no legitimate reason. If another prisoner hurt you, courts use *Farmer* to look at whether the prison officials knew about the danger to you but did not stop or act to prevent the assault. In this particular case we will use *Farmer* standard because the prison official knowingly and intelligent are placing Mr. Tijerina in danger and not acting to prevent assault.

Respectfully Submitted

Date: March 3, 2014

Macarena Tijerina

PROOF OF SERVICE

~~RECEIVED~~

FEB 08 2013

HEALTH SERVICE
ADMINISTRATION
PARCBig Spring Correctional Center
Cedar Hill Flightline InterstateINMATE REQUEST TO A STAFF MEMBER
PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

OFICIA:

Medico

1/10/13

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)

DETALLE: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE AND
WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)ZON: ESTIPOLE COMPLETO PERO BRIEvemente EL PROBLEMA CON EL CUAL DISEA ASISTANCIA Y
LO QUE DEBE SER HECHO. (DAR DETALLES)

Necesito ver al doctor sigo con
 10 dolores en el lado Izquierdo
 y el cuello y Cadera por favor necesito
 Atencion gracias

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)
(USE EL OTRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

205-061(LAD)

NOMBRE:

Mahli Traylor

Nu./Número: 10638278

ASSIGNMENT/ASIGNACION DE TRABAJO:

UNIT/UNIDAD: SHO 518

If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be
red, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no
ing taken.Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente.
ra entrevista si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en
su problema especificamente puede resultar en que no se tome alguna accion.

FEB 08 2012

SIGN: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA:

SIGN: (NO ESCRIBA EN ESTE ESPACIO)

Submit as attached
Rosa Homan

THE GEO GROUP, INC.

{ } Airpark { } Cedar Hill {X} Flightline

RECEIVED
FEB 07 2013
By Interstate

INMATE REQUEST TO A STAFF MEMBER
PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

TO/PARA: Miss Ramirez 2/6/13
(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)

SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE,
AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA
ASSISTANCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

le pido por favor, revise si ya me
regresaron la visita, pues espero que
pronto venga mi familia a verme
pues el castigo era hasta el dia 6 de febrero
gracias por su atencion y tambien
me avise si ya esta archivada mi transfer
me contesto el BOP que preguntara al Unit Team

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)
(USE EL OTRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE: Manuel Tijerina No./Número: 10638279

WORK ASSIGNMENT/ASIGNACION DE TRABAJO:

UNIT/UNIDAD: 340 506

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA: 2-8-13

DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

El castigo ha terminado, ahora se
pueden tener visitas

J. A. J.
Officer/Official

RECEIVED
R.P.HSAA

Big Spring Correctional Center

{ } Airpark { } Cedar Hill { X } Flightline { } Interstate
FEB 04 2013 SHU

HEALTH SERVICE
ADMINISTRATION

INMATE REQUEST TO A STAFF MEMBER

PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

TO/PARA:

Medico

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)

SUBJECT:

STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE,

AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON:

ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA
ASSISTANCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

Iigo con mucho dolor en el
lado izquierdo desde la cintura
hasta el hombro ya tengo 20 dias con
el dolor por favor ayueto que mi vec
el medico gracias

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)
(USE EL OTRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE: Manuel Jimenez

No./Numero: 10638979

WORK ASSIGNMENT/ASIGNACION DE TRABAJO:

UNIT/UNIDAD: SHU 504

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA:

DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

you need to fill out a
sick call request form
and have it ready for
the nurse to pick up.

FEB 05 2012

D. S. HSA
Officer/Official

RECEIVED**THE GEO GROUP, INC.**

Big Spring Correctional Center

FEB 04 2013

FEB 12 2013 { Airpark { } Cedar Hill { X } Flightline { } Interstate

**INMATE REQUEST TO A STAFF MEMBER
ADMINISTRACION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL**

TO/PARA:

Medio

2/4/13

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)

SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, AND
WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTENCIA Y LO
QUE DEBE SER HECHO. (DAR DETALLES)*Tengo muchos dolores en el lado**izquierdo de mi Cabeza y Cuello, por**favor, son dolores muy fuertes que no**me dejan dormir por favor necesito ver**al Doctor gruico yo tengo Historia**de Infarto necesito ver a un doctor*(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.
(USE EL OTRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

705-0011AC

NAME/NOMBRE: *Manuel Tijerina* No./Número: *10638279*WORK ASSIGNMENT/ASIGNACION DE TRABAJO: _____ UNIT/UNIDAD: *SHU 504*

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su petición, puede ser dispuesta mas rápida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su petición satisfactoriamente. Su negligencia en declarar su problema específicamente puede resultar en que no se tome alguna acción.

DISPOSITION: DO NOT ANSWER

R
I**Submit a sick call request****form and watch the call-outs****for your appointment.**

FEB 12 2012

Rose Vega
Medical Admin. Assistant

RECEIVED
REHSAA{ } Airpark { } Cedar Hill { X } Flightline { } Interstate
FEB 04 2013**CORNELL COMPANIES, INC.**HEALTH SERVICE
ADMINISTRATION**INMATE REQUEST TO A STAFF MEMBER**

DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL JAN 28 2013

TO/PARA:

Medicos

1/26/13

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)

SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, AND
WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTANCIA Y LO
QUE DEBE SER HECHO. (DAR DETALLES)

Rec.

Cuello

Lengo mucho dolores de Cabeza y ~~hombro~~
 no me han dado atencion por eso por favor
 necesito ver al doctor no puedo dormir cuando
 me da el dolor, ya tengo 3 semanas con estos
 dolores gracias por su atencion

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)
(USE EL OTRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)NAME/NOMBRE: Manuel Tijerina No./Numero: 1063 8277WORK ASSIGNMENT/ASIGNACION DE TRABAJO: _____ UNIT/UNIDAD: SAC 504

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)
DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

DATE/FECHA: _____

**you need to fill out a
 sick call request form
 and have it ready for
 the nurse to pick up.**

FEB 05 2012

Officer/Official

INMATE'S SIGNATURE**THE GEO GROUP, INC.**

Big Spring Correctional Center

{ } Airpark

{ } Cedar Hill

{X} Flightline

{ } Interstate

By

JAN 28 2013

INMATE REQUEST TO A STAFF MEMBER
PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

TO/PARA:

Sr. Guardian Dudds

1/25/13

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)

SUBJECT:

STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE,
AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON:

ESTIPLUE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA
ASSISTANCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

*Le quiciero pedir que me de una llamada
de teléfono, pues el martes pasado recibí una
carta de mi familia donde me dicen de la
muerte de una prima mía y necesito hablar para
ver como estar de dolor, por favor sc lo pido
gracias*

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)
(USE EL OTRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE: *Manuel Tijerina* No./Número: *10638277*

WORK ASSIGNMENT/ASIGNACION DE TRABAJO:

UNIT/UNIDAD: *Shu 504*
506

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su petición, puede ser dispuesta mas rápida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su petición satisfactoriamente. Su negligencia en declarar su problema específicamente puede resultar en que no se tome alguna acción.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA: *2-3-13*

DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

*You HAVE NO Phone Restrictions - You need to complete the
Phone Request*

D. Durso Deputy Warden
Officer/Official

Big Spring Correctional Center

{ } Airpark

{ } Cedar Hill

{ X } Flightline

JAN 17 2013
By { } Interstate

INMATE REQUEST TO A STAFF MEMBER
PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

TO/PARA:

Miss Ramirez Case manager Flightline
 (NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)

SUBJECT:

STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE,
 AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON:

ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA
 ASSISTANCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

Necesito una pluma para unos catorce
y corri legales que necesito mandar por favor
y saber que se pasa con mi transfer ya
l tengo mas de 50 dias en el piso por
eso y 5 meses por lo de mas me quedan diez
cuando manda van mis paquetes por favor
gracias

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)
 (USE EL OTRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)NAME/NOMBRE: Mauricio TijerinaNo./Número: 10638279

WORK ASSIGNMENT/ASIGNACION DE TRABAJO: _____

UNIT/UNIDAD: SHU 504

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

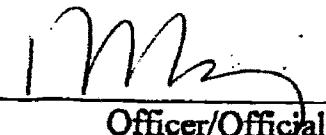
NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA: 1-17-13

DISPOSITION: (NO ESCRIBA EN ESTE ESPACIO)

Your transfer packet is at the CMC for review
I do not have any pens, pens are not allowed
in SHU.


 Officer/Official

THE GEO GROUP, INC.

Big Spring Correctional Center

{ } Airpark { } Cedar Hill {X} Flightline { } Interstate

RECEIVED
JAN 07 2013

**INMATE REQUEST TO A STAFF MEMBER
PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL**

TO/PARA:

Carey Higgins / 113113
(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, AND
WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)RAZON: ESTIPLUE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTENCIA Y LO
QUE DEBE SER HECHO. (DAR DETALLES)

My transfer points are low
I need to get more than 12 points
to get transferred
12 points are needed to transfer

113113

Transfer point 12 days to do

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)
(USAR EL OTRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)NAME/NOMBRE: Miguel T. T. S. S. No./Número: 113113WORK ASSIGNMENT/ASIGNACION DE TRABAJO: 892 UNIT/UNIDAD: 35

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA: 1-7-13

DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

Your casemanager is working on your transfer
packet. Your points are 13 now

mmy

The GEO Group Inc.
CEDAR HILL UNIT

INMATE REQUEST TO A STAFF MEMBER
PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

TO/PARA:

Sr. Zarate-DHC

12/26/12

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)

SUBJECT:

STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON:

ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASSISTANCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

Con todo Respeto. Si quieren pedir si puede atenderme, pues Usted me dijo que no me quitaria la visita si el dia que lo vi, si me recordó fue el 12/28/12. ese dia usted solo me quito comisaria y telefono, me dejo la visita, la cual yo le agradece mucho pero ahora resalta que la tengo suspendida.

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)

(USE EL OTRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE: Manuel Tijerina Jr. No./Numero: 10638279

WORK ASSIGNMENT/ASIGNACION DE TRABAJO: _____ UNIT/UNIDAD: S.H.C
206-181WAD

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DISPOSITION: (DO NOT WRITE IN THIS SPACE)
DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

DATE/FECHA: 1-2-13

I have spoken to Captain Oviedo about this issue. It has been corrected. You are allowed to have visitations.

J. Zarate, DHC
Officer/Official

2020-2021

THE GEO GROUP, INC.

Big Spring Correctional Center

Airpark

~~Cedar Hill~~

Flightline

1. Introduction

INMATE REQUEST TO A STAFF MEMBER DEC 13 2012

PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

TOPPARA:

A. Franco Jimenez
(NAME AND TITLE OF OFFICER/ NOMBRE Y TITULO DEL OFICIAL)

STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE,
AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS).

RAZON:

AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)
ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA
ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

Si. Siervo con esto ayer le respondo que le pondré
pedir por este informe, que si me puede hacer
saber como va la idea de los del caso por lo
que ayer 3 de noviembre no se me dijeron estos
a presidente el presidente que el 10 de noviembre
que no se me dieron esos y yo debo de ser informado
y en su caso ayer mismo que no se me dieron y de

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)
USAR EL OTRO LADO DE LA HOJA SI SE NECESITA ESPACIO ADICIONAL.

NAME/NCMBT

Miguel Tijerino No./Número: 10638870
ENTRADA/SIGNACION DE TRABAJO: 5110 UNIT/UNIDAD: 5110 533

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su petición, puede ser dispuesta más rápida y inteligentemente. Usted será entrevistado si es necesario para poder manejar su petición satisfactoriamente. Su negligencia en declarar su problema específicamente puede resultar en que no se tome alguna acción.

REPOSITION: (DO NOT WRITE IN THIS SPACE)

ATENCION: 1713-2010

RETIRO DE LA
DEPOSICIÓN: (NO ESCRIBA EN ESTE ESPACIO)

Señor Tijerina ya le a respondido cada vez que usted me manda los copcats. No se porque no los a recibido. -NFT-

STA J.D. Franco

INMATE COPYTHE GEO GROUP, INC.

The Geo Group, Inc. / GEO

100-100

Facility ID:

FACILITY

MAIL DATE

16-07-2012

MAIL REQUEST TO A STAFF MEMBER

PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONALTO/PARA: Dr. Investigador Franco

12/6/12

(NAME AND TITLE) OF OFFICER/NOMBRE Y TITULO DEL OFICIAL

SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE,
AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA
ASSISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

Con todo respeto Sr. Franco quisiera saber que
va a pasar, si me va a poder ver y ayudar como
me dije con lo del banister pues me siento muy
deprimido al deprimido sin este lugar y como
tengo problemas medicos pues me duele mas por
tanto problema de salud. Ofrezco mi sentido punto
puedo ok gracias me llego informacion nueva ok

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)
USAR EL OTRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

705-221L

NAME/NOMBRE: Manuel Tijerina No./Número: 10638279WORK ASSIGNMENT/ASIGNACION DE TRABAJO: _____ UNIT/UNIDAD: 522

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su petición, puede ser dispuesta mas rápida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su petición satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna acción.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA: 12-11-2012

DISPOSITION: (NO ESCRIBIR EN ESTA SECCION)

Señor Tijerina: Sístele si un valor que tu me dio el día de ayer
mas no se cuente se tardarán. Como le dije esta gente no
creer lo que les dije en su parte. -N.F.T-

STP JPF
12/6/12

Macarena Tejerina
3006 Prairie Place
Sugar Land, TX. 77479

REEVES COUNTY DETENTION CENTER COMPLEX (R1 & R2)

98 West County Rd. 204 P. O. Box 1560 Pecos, TX. 79772

MEDIAL TRANSFER REQUEST

Dear Ms. Tabor
Health Department Director

This letter is to request to you transfer for our family member Manuel Tijerina No. 10638278 based on medical condition whether Mr. Manuel is not receiving proper medical attention. There is valid reason determinate for transfer based on medical condition that cannot be adequately treated at your current facility.

Mr. Manuel Tijerina has filed many medical request and never been attended, we are not arguing that he has a crime and is serving time as mandated by law. Mr. Manuel has suffered in the confinement of the local prison.

We have been informed that he is suffering from heart disease, high blood pressure, cholesterol, and diabetes; we have been informed that is not receiving his medication for cardio vascular device, He is about to suffer a fatal stroke as consequence of his medical need it.

We have been informed that he is requesting, medical attention without response (Attached is some of those request).

Urgently needs to be transferred to a different facility in order to receive an appropriate medical attention. Additionally, Mr. Tijerina has suffered an assault in this facility on November 2013 (there is a medical record of that incident, video, and staff report) has been transferred to a unit where the aggressor is housing about two weeks ago. The purpose from that movement is unknown; probably for retaliatory reason due to request filed by Mr. Manuel within the case manager Office the only thing we know is that Manuel Tijerina is in risk of his life. The facility

has placed Mr. Manuel tijerina in this unit with his aggressor in erroneous proceedings knowingly and intelligent, after his aggressor was release from SMU (segregation).

Mr. Tijerina feels that his life is in danger at this current facility, there is not difficult to prove because there is prior incidents have occurred. There is record of such incidents that the facility has denied releasing to Mr. Tijerina. We like to request to you with due respect to execute a medical examination from you unit health care provider. Mr. Tijerina has medical history that is proper for transfer.

Source of the Right to Adequate Medical Care

The Eighth Amendment of the Constitution protects prisoners from “cruel and unusual punishment.” The U.S. Supreme Court has decided that failing to provide medical care to prisoners violates this amendment. In 1976, the Court explained in *Estelle v. Gamble* that “deliberate indifference”—purposely ignoring the “serious medical needs” of prisoners—amounts to “cruel and unusual punishment” forbidden by the Eighth Amendment.

In addition, the Supreme Court ruled that claims for a violation of the right to medical care have an objective component and a subjective component. Mr. Tijerina has prove that the harm was “sufficiently serious” (the objective component) Mr. Tijerina also show that the prison official responsible for the harm knew and ignored “an excessive risk to [the] inmate [’s] health or safety” (the subjective component). Since deciding *Estelle*, the courts have tried to clarify the meaning of “serious medical need” and “deliberate indifference.”

The U.S. Constitution requires officials to provide all state and federal prisoners and pretrial detainees with adequate medical care.

Here, the request is based in medical and safety reason, we are requesting transfer to a different facility, we beg Ms. Tabor grant this request.

Respectfully submitted

Date: March 3, 2014

Macarena Tijerina

Macarena Tijerina
3006 Prairie Place
Sugar Land, TX. 77479

REEVES COUNTY DETENTION COMPLEX (R1 & R2)

Hardship and Medical Transfer Letter

Attn: Ms. Fuentes

Case Manager

I am writing to request a hardship and Standards on Treatment of Prisoner transfer for my brother Manuel Tijerina # 10638279 from his current facility. Reeves County Detention Complex is presently in 98 West County Road 204, which is over 600 miles away from my home. Manuel Tijerina has been diagnosed with heart problems condition and has a heart surgery. We can no longer travel that distance to see him, so I hope He can move closer to me and had better medical attention.

Mr. Manuel Tijerina need medication attention, and is not receiving medication that is very important for his medical problem. Mr. Tijerina recently has had two heart attacks and is not receiving the proper attention. Mr. Tijerina had wrote several times with the Medical Department and is not receiving response nor attention, Mr. Tejerina has file a medical request as an appropriate way and is not been attended for his medication need it, and he did not receive more adequate medication for over seventeen days after his diagnosis of heart problem and medication need it.

Mr. Tijerina is claims that at Reeves County Detention Complex where he is housed as a prisoner are in violation of his Due Process Clauses of the Fifth and Fourteen Amendments by no providing appropriate medical care for painful heart problems.

(a) Correctional authorities should ensure that:

(i) A qualified health care professional is designated the responsible health authority for each facility, to oversee and direct the provision of health care in that facility;

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- (ii) Prisoners are provided necessary health care, including preventive, routine, urgent, and emergency care;
 - (iii) Such care is consistent with community health care standards, including standards relating to privacy except as otherwise specified in these Standards;
 - (iv) special health care protocols are used, when appropriate, for female prisoners, prisoners who have physical or mental disabilities, and prisoners who are under the age of eighteen or geriatric; and
 - (v) Health care that is necessary during the period of imprisonment is provided regardless of a prisoner's ability to pay, the size of the correctional facility, or the duration of the prisoner's incarceration.
- (b) Prisoners should not be charged fees for necessary health care.
- (c) Dental care should be provided to treat prisoners' dental pain, eliminate dental pathology, and preserve and restore prisoners' ability to chew. Consistent with Standard 23-2.5, routine preventive dental care and education about oral health care should be provided to those prisoners whose confinement may exceed one year.
 - (d) Prisoners should be provided timely access to appropriately trained and licensed health care staff in a safe and sanitary setting designed and equipped for diagnosis or treatment.
 - (e) Health care should be based on the clinical judgments of qualified health care professionals, not on non-medical considerations such as cost and convenience. Clinical decisions should be the sole province of the responsible health care professionals, and should not be countermanded by non-medical staff. Work assignments, housing placements, and diets for each prisoner should be consistent with any health care treatment plan developed for that prisoner.
 - (f) Prisoners should be provided basic educational materials relating to disease prevention, good health, hygiene, and proper usage of medication.

Response to prisoner health care needs

- (a) Correctional authorities should implement a system that allows each prisoner, regardless of security classification, to communicate health care needs in a timely and confidential manner to

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qualified health care professionals, who should evaluate the situation and assess its urgency. Provision should be made for prisoners who face literacy, language, or other communication barriers to be able to communicate their health needs. No correctional staff member should impede or unreasonably delay a prisoner's access to health care staff or treatment.

- (b) A prisoner suffering from a serious or potentially life-threatening illness or injury, or from significant pain, should be referred immediately to a qualified medical professional in accordance with written guidelines. Complaints of dental pain should be referred to a qualified dental professional and necessary treatment begun promptly.
- (c) When appropriate, health care complaints should be evaluated and treated by specialists. A prisoner who requires care not available in the correctional facility should be transferred to a hospital or other appropriate place for care.

Hardship Transfers

I am requesting an administrative process for prisoners to change units because their close family members are hard to travel a great distance to visit our family member Mr. Manuel Tijerina. Like all transfer requests, the TDCJ has the discretion to grant the request. I am requesting for a unit transfer so that our family member can be near a family member who is having a medical ill, and we cannot travel a great distance to visit the our brother.

Respectfully Submitted

Date: 1/27/2014

Macarena Tijerina

TO: (Name and Title of Staff Member) <i>Mr. Mariano Angel Flores</i>	DATE: <i>2/5/14</i>
FROM: <i>Mariano Angel Flores</i>	REGISTER NO.: <i>10638744</i>
WORK ASSIGNMENT:	UNIT: <i>HII HII</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

This request is based because I need the report of the incident of assault that had on Nov 2013 in the Unit 63. Please I need the PDCI file copy of the days when it was in the Hospital for the injuries that I had, or let me know who can help me to get that information of the Report, Please help me with the copy.

Thanks
Mariano

(Do not write below this line)

DISPOSITION:

You are not allowed to have any of these items on your personal property. If your attorney wishes to obtain any of these copies/records; he may request to do so in writing and mail it to the facility.

Signature Staff Member

Date

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86
and BP-S148.070 APR 94